PTO/SB/06 (08-03)

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October 1 2004 Substitute for Form PTO-875									78851	1a6
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR N			BER FILED NUMBER		REXTRA	RATE	FEE		RATE	FEE
BASIC (37 CF	FEE FR 1.16(a))						<u>395,</u>	OR,		:790
TOTA	L CLAIMS FR 1.16(c))		minus 20 = *			x \$ <u>9</u> =		OR	x s 8 =	
	PENDENT CLAIM FR 1.16(b))	S	minus 3 =			× 44 = .		OR 1	x \$ <u>85</u> =	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ s <u>150</u> =		OR	+s <u>300</u> =	
* If the difference in column 1 is less than zero, enter *0* in column 2. TOTAL OR TOTAL										
11/03/04 CLAIMS AS AMENDED - PART II										
" but					01441.1	·NTITV	OR	OTHER SMALL		
	(VIC)	(Column 1) CLAIMS		(Column 2)	(Column 3)	SMALL E		1 \		ADDI-
T A		REMAINING AFTER		NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI-		RATE	TIONAL FEE
W.	Total	AMENDMENT	Minus	PAID FOR	=	49	FEE	OR	x \$\lambda 8 =	1 Barton
	(37 CFR 1.16(c)) Independent	. 17	Minus	<u></u>	=	x \$_1 = \ x \$44 =		OR	x \$ 8 =	
AMENDMENT A	(37 CFR 1.16(b))			<u>ري</u> معرض بين معرض	0.4.16(4)	+\$50=		OR	.200	
╚	FIRST PRESENT	ATION OF MULTIPLE	DEPENDE	NT CLAIM (37 CF	K 1.16(0))	TOTAL	-	1	TOTAL	<u> </u>
		~ ·, ·				ADD'L FEE	L	OR	ADD'L FEE	
		(Column 1)		(Column 2) HIGHEST	(Column 3)		I	۱ ۱		<u> </u>
ENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL- FEE
	Total (37 CFR 1.16(c))	•	Minus	**	=	x s <u>4</u> =		OR	x \$ 18 =	
	Independent (37 CFR 1.16(b))	•	Minus	***	=	x \$ <u>44</u> =		OR	x \$ 88 =	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ s <u>/50</u> =		OR	+,300=	· ·
					TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	<u></u>	
		(Column 1)		(Column 2)	(Column 3)			_		
AMENDMENT C		CLAIMS REMAINING AFTER		HIGHEST NUMBER PREVIOUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• AMENDMENT	Minus	PAID FOR_	=	x 5 9 =		OR	x s 18 =	
Q	(37 CFR 1.16(c))	•	Minus	***	=	× s244 =		OR	x \$ <u>\$</u> 8 =	
WE	(37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ 1/5/)=		OR	+ \$300 =	
FIRST PRESENTATION OF MOUTH COST CHOCKS SEE THE						TOTAL ADD'L FEE	 	OR	TOTAL ADD'L FEE	
ACCUMENTS in column 1 is less than the entry in column 2, write "0" in column 3.										
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".										

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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